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In reply, please refer to:  
File:

**SENATE COMMITTEES ON EDUCATION AND ON HEALTH**

**SB2124, RELATING TO EDUCATION**

**Testimony of Chiyome Leinaala Fukino, M.D.  
Director of Health**

**February 6, 2008, 1:15PM**

1 **Department's Position:** The Department of Health supports the intent of SB2124 which provides  
2 students and their parents with information and education on human papillomavirus immunizations,  
3 providing its implementation does not adversely impact the priorities set forth in the Executive  
4 Supplemental Budget.

5 **Fiscal Implications:** No appropriation amount identified but will need additional resources to develop  
6 tailored information and education material for student and parents.

7 **Purpose and Justification:** The Department of Health supports public information and education on  
8 reducing risks for cervical cancer including information on the Human Papillomavirus (PHV). The  
9 availability of accurate and appropriate information tailored to Hawaii's diverse cultures and ethnicities  
10 is critical in informing parents enabling them to educate their children, talking with their physicians and  
11 assisting in making appropriate decisions.

12 Thank you for the opportunity to testify.  
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February 6, 2008

Committee on Education

The Honorable Norman Sakamoto, Chair  
The Honorable Jill N. Tokuda, Vice Chair

Committee on Health

The Honorable David Y. Ige, Chair  
The Honorable Carol Fukunaga, Vice Chair

1:15 PM, Wednesday, February 6th, 2008  
State Capitol, Room 225

**RE: Testimony in support of SB2124, Relating to Education**

Dear Chair Sakamoto, Chair Ige and Members of the Committees:

My name is Leinaala Ley and I am the Director of Government Relations for the American Cancer Society Hawaii Pacific Inc. Thank you for the opportunity to present comments on SB 2124 which will increase awareness about the availability of the HPV (human papillomavirus) vaccine and make the vaccine available to female students in the sixth grade through parental education and outreach.

**The American Cancer Society Hawaii Pacific Inc. supports the intent of SB 2124.**

The American Cancer Society recognizes that the development of cancer prevention vaccines represents an extraordinary biomedical advance that holds remarkable potential for preventing cancer. Approximately 61 women are diagnosed with cervical cancer in Hawaii each year and another 12 women die from the disease. The HPV vaccines that are currently available on the market target the two most common high-risk human papillomavirus types that cause about 70% of cervical cancer, holding the potential to greatly reduce deaths from cervical cancer.

While the American Cancer Society is prepared to promote and will advocate for the widest availability and use of the HPV vaccine in accordance with the Society's recommendations and/or guidelines, the Society also acknowledges the significant challenge associated with implementing a vaccine program. The Society recommends a four step approach to create a successful immunization infrastructure that will support the delivery and use of any given cancer prevention vaccine:

1. Sufficient evidence should exist that demonstrates the safety and efficacy of the cancer prevention vaccine and evaluates the effectiveness of the proposed vaccine delivery strategies.
2. The vaccine should be widely available and the administrative burden of delivery must be reasonable.
3. Information about the vaccine should be readily available to the public and the vaccine must be supported by the medical community.
4. Vaccine cost should not be a barrier to access.

American Cancer Society Hawai'i Pacific, Inc.

2370 Nu'uuanu Avenue, Honolulu, Hawai'i 96817-1714

•Phone: (808) 595-7500 •Fax: (808) 595-7502 •24-Hour Cancer Info: (800) 227-2345 •<http://www.cancer.org>

The vaccine program proposed in SB 2124 appears to meet the four criteria proposed by the American Cancer Society for the development of a successful immunization infrastructure, especially on points 1, 3 and 4. However, the Society suggests clarifying language to address the following points regarding the administrative burden of delivering this immunization to the community:

- ✓ *Is a stable and adequate vaccine supply available to cover the demand for the vaccine in the recommended population?*
- ✓ *Is an expanded delivery system available that administers vaccines at venues that would be convenient for patients and families and that are appropriate for the specific immunization?*
- ✓ *Are there targeted interventions and programs that eliminate any existing disparities in cultural uptake/access to this vaccine.*
- ✓ *Is there a system where providers use any appropriate encounter with the health care system to administer missed vaccinations?*

I have included the Society's complete statement on the Principles on Administration and Utilization of Cancer Prevention Vaccines as a resource for the committee.

Thank you for your consideration.

Sincerely,

Leinaala Ley



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## PRINCIPLES ON ADMINISTRATION AND UTILIZATION OF CANCER PREVENTION VACCINES

*The American Cancer Society is the nationwide community based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy, and service. The American Cancer Society has set ambitious goals for significantly reducing the rates of cancer incidence and mortality along with measurably improving the quality of life for all people with cancer.*

### **Background and Context**

Infectious agents including viruses, bacteria and parasites cause approximately one-fifth of the worldwide cancer burden. Much of the suffering and death from these cancers could be prevented by more systematic efforts to expand the use of primary prevention strategies. New technologies have emerged in recent years to expand the opportunities for primary prevention, including cancer prevention vaccines\*.

Vaccines have a history of remarkable successes and are one of the most important public health tools worldwide. In the United States, most vaccine-preventable diseases of childhood have led to dramatic decreases in mortality and morbidity. Were it not for the widespread use of vaccines in the U.S., a far greater number of deaths would occur during childhood and many more people would be living with chronic and often crippling aftereffects of disease.

Despite these successes, today's U.S. immunization system faces wide-ranging and diverse problems. Barriers to a vaccine's use include cost and access, vaccine knowledge and acceptability, and health care utilization and system issues. Higher costs associated with recent additions to the vaccine schedule and the fragmentation of public and private insurance coverage for immunization further complicate access. Finally, there is a growing burden on health care providers for determining eligibility and immunization status and incurring the growing costs of acquiring, storing and administering a vaccine.

The structure of the U.S. health care system itself presents barriers for vaccine uptake. For example, any vaccine recommendation for adolescents or pre-adolescents will be more difficult to implement because adolescents are not well-tied to the health care system, lack a primary care provider, have fewer contacts with physicians and/or rarely make preventive health visits.

All these factors have resulted in a strained immunization system that limits the potential of a vaccine. With the possibility of new cancer vaccines in the pipeline, it is important that the Society consider the policy issues associated with ensuring the widest possible use of cancer prevention vaccines.

### **Principle Statement**

The American Cancer Society believes that the development of cancer prevention vaccines represents an extraordinary biomedical advance that holds remarkable potential for preventing cancer.

The Society acknowledges the significant challenge associated with implementing the recommendations which follow. The Society recognizes the need for resources that promote and support the widest possible utilization of a vaccine according to accepted guidelines. For example, potential barriers to overcome include: vaccine cost and availability, the level of insurance and public program coverage of the vaccine, and the degree of vaccine acceptance by the public and providers. The Society also recognizes based on historical trends that it generally takes several years of sustained effort to reach a significant uptake level for any vaccine.

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\* Cancer prevention vaccines are given to healthy people and are designed to target infectious agents that can cause cancer.

The Society is prepared to promote and will advocate for the widest availability and use of any available cancer prevention vaccine in accordance with the Society's recommendations and/or guidelines. In particular, the American Cancer Society will work for policies that have the greatest impact on reducing disparities in the delivery of cancer vaccines among the uninsured, underinsured and medically underserved.

**The Society makes the following recommendations to promote and advocate for the widespread public acceptance and use of current and future cancer prevention vaccines as a critical means to achieve our mission to eliminate cancer as a major health problem by preventing cancer and saving lives.**

**These four recommendations would create a successful immunization infrastructure that will support the delivery and use of any given cancer prevention vaccine:**

- 1. Sufficient evidence should exist that demonstrates the safety and efficacy of the cancer prevention vaccine and evaluates the effectiveness of the proposed vaccine delivery strategies.**
  - ✓ *The vaccine should be tested rigorously and must obtain licensure by the Food and Drug Administration. There must be strong evidence of vaccine safety and efficacy. This includes sufficient post-marketing surveillance data to monitor any serious side effects no matter how rare and other data tracking systems to monitor the progress of immunization programs and analyze vaccine uptake.*
  - ✓ *The vaccine should be recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and included in their recommended immunization schedule.*
  
- 2. The vaccine should be widely available and the administrative burden of delivery must be reasonable. This requires:**
  - ✓ *A stable and adequate vaccine supply to cover the demand for the vaccine in the recommended population.*
  - ✓ *An expanded delivery system that administers vaccines at venues that would be convenient for patients and families and that are appropriate for the specific immunization.*
  - ✓ *Targeted interventions and programs that eliminate any existing disparities in vaccine coverage rates.*
  - ✓ *A system where providers use any appropriate encounter with the health care system to administer missed vaccinations.*
  
- 3. Information about the vaccine should be readily available to the public and the vaccine must be supported by the medical community.**
  - ✓ *The public needs to be educated about the vaccine. This could be achieved through wide-scale and targeted educational campaigns by public and/or private entities. Information about the disease, the vaccine, and vaccination programs must be accurate, clear, and presented in simple language as well as be culturally and ethnically appropriate. Education campaigns can be used to dispel myths and build acceptance and understanding of both the vaccine and evidence regarding the benefits and risks.*
  - ✓ *Health care providers should be educated about the safety, efficacy and benefits of the vaccine.*
  
- 4. Vaccine cost should not be a barrier to access.**

- ✓ *Public programs offering cost assistance for vaccines need to be fully funded. There should be adequate funding for the Vaccines for Children (VFC) program, Section 317 program, and/or state programs that provide vaccine financing for low-income families, the medically underserved, uninsured and underinsured.*
- ✓ *Private and public health insurance policies need to provide full cost coverage for the vaccine. Deductibles, co-payments, and payment for non-covered services should not be a barrier to vaccine access.*
- ✓ *Health care providers should receive adequate reimbursement for the purchase and administration of the vaccine.*

### **Vaccine requirements**

At this time, the Society will not support a school or any other cancer prevention vaccine requirement<sup>1</sup>. However, as previously stated, the Society will support the widespread public acceptance and use of current and future cancer prevention vaccines by advocating for the four preceding recommendations.

The Society believes that a vaccine requirement could be considered if the following conditions are met:

- ✓ *Sufficient progress toward achieving the four preceding recommendations that support the widest availability and use of cancer prevention vaccines.*
- ✓ *Broad public acceptance for the vaccine.*
- ✓ *Compelling evidence that a school vaccine requirement is the best mode of disease prevention.*
- ✓ *Several years of sustained effort and investment of resources so there is significant uptake of the vaccine in the recommended population.*
- ✓ *Sufficient planning for the design and implementation of any requirements so they do not undermine either the existing public health immunization system or the system that will carry out and enforce the requirement.*
- ✓ *Sufficient resources and lead time available to implement any requirement.*
- ✓ *Well-defined opt-out provisions for the immunization requirement laws that do not weaken or alter already effective vaccination requirements.*
- ✓ *Enforcement plans that ensure any vaccine requirement would not be punitive.*
- ✓ *School dropout rates should not increase and resulting school absences should be kept to a minimum.*

November 2007

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<sup>1</sup> State laws, regulations, or rule making that impose vaccination requirements for obtainment of a driver's license or enrollment and/or attendance in day care, Head Start, kindergarten, grades 1 through 12, colleges, and universities, or workplaces.